Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>06/16/2010</u>	Address:	8835 S. C.R. 1125 W
Case #:	<u>35F-30652</u>		Owensville IN 47665
County:	<u>Gibson</u>		·
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Check all the Lithium Red Phe Flamma Water I Anhydroce Corrosi Corrosi Corrosi	nd: Location (bedroom, kitchen, open a hat apply) n/Ammonia Reaction(s): osphorous/Iodine Reaction(s): able Solvents: Kitchen Reactive Metal (Lithium): rous Ammonia: chloric Acid Gas Generator(s): ive Acid: Hallway ive Base: Hallway item and location):		
\bigvee Yes $\underline{2}$ No *If yes, fax r	er age 18 discovered (check one) (number present) eport to Child Protective Services	☐ Ephedrin☐ Retail/M ☐ Other:D	ve Information ne/Pseudoephedrine Tracking Log lerchant Tip nestic Violance
This report is to be faxed to the following agencies that serve the location: Fire Department: Owensville Fax: 812-724-2171			
•	tment: Owensville	Fax: 812-	386-8027
Í	partment: Gibson County	Fax: <u>812-</u>	<u>385-2197</u>
Child Prot	ection Service: <u>CPS</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Justin Bean</u> Phone <u>812-867-2079</u>			

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.